

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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|----------------------------------|---|------------------------------|
| In re Patent Application of |) | MAIL STOP RCE |
| |) | |
| Takatomo Hisamatsu et al. |) | Group Art Unit: 3773 |
| |) | |
| Application No.: 10/603,664 |) | Examiner: MELISSA K. RYCKMAN |
| |) | |
| Filing Date: June 26, 2003 |) | Confirmation No.: 3993 |
| |) | |
| Title: CATHETER AND MEDICAL TUBE |) | |
| |) | |
| |) | |
| |) | |

**REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL LETTER**

MAIL STOP RCE

Customer Number **21839**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 of the above-identified application and encloses the ☐ \$405 ☒ \$810 fee due under 37 C.F.R. § 1.17(e).

1. ☐ A. Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified in item 2 below.
- ☒ B. Applicant(s) previously submitted the following documents for which continued examination is requested:
 - ☒ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on January 27, 2009.
 - ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
 - ☐ Other: _____
2. The following documents are enclosed with this submission:
 - ☐ Amendment/Reply
 - ☐ Affidavit(s)/Declaration(s)
 - ☐ Information Disclosure Statement

☒ Petition for Extension of Time (Three Month)

☐ Other:

3. ☐ Small entity status is hereby claimed.

☒ No additional claim fee is required.

☒ The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:

| | | | | | FEES |
|--|---------------|----|--------------|--------------|---------------|
| Examination Fee (1801) | | | | | \$ 810 |
| | No. of Claims | | Extra Claims | Rate | |
| Total Claims | 11 | 20 | 0 | x 52 (1202) | \$ 0 |
| Independent Claims | 3 | 3 | 0 | x 220 (1201) | \$ 0 |
| If multiple dependent claims are presented, add \$ 390 | | | | | \$ 0 |
| Total Fee | | | | | \$ 810 |
| <input type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Application Fee | | | | | \$ 0 |
| TOTAL FEE DUE | | | | | \$ 810 |

4. ☐ Charge _____ to Deposit Account No. **02-4800** for the fee due.

5. ☐ A check in the amount of _____ is enclosed for the fee due.

6. ☒ Charge \$ 1920 to credit card for the fee due. Form PTO-2038 is attached.

7. ☐ Applicant(s) requests suspension of action by the Office until at least _____, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

8. ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date: April 14, 2009

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